Reprinted
February 10, 2015

SENATE BILL No. 406

DIGEST OF SB 406 (Updated February 9, 2015 2:27 pm - DI 104)

Citations Affected: IC 16-18; IC 16-31; IC 16-42; IC 34-30; IC 35-48.

Synopsis: Overdose intervention drugs. Allows specified health care professionals with prescriptive authority to dispense or write a prescription for an overdose intervention drug without examining the individual to whom it may be administered if specified conditions are met. Allows for an individual who is a person at risk, a family member, friend, or other individual in a position to assist another individual who, there is reason to believe, is at risk of experiencing an opioid-related overdose, to obtain and administer an overdose intervention drug if certain conditions are met. Requires a pharmacy that fills a prescription for an overdose intervention drug to report certain information to the INSPECT program. Includes naloxone to be reported to the INSPECT program. Requires certain ambulances and emergency medical services vehicles to be equipped with an overdose intervention drug. Provides for civil and criminal immunity.

Effective: July 1, 2015.

Merritt, Ford, Crider, Leising, Breaux, Mrvan, Charbonneau, Becker

January 12, 2015, read first time and referred to Committee on Health & Provider Services.
February 5, 2015, amended, reported favorably — Do Pass.
February 9, 2015, read second time, amended, ordered engrossed.

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First Regular Session 119th General Assembly (2015)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type.~~

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~*this style type*~~ reconciles conflicts between statutes enacted by the 2014 Regular Session and 2014 Second Regular Technical Session of the General Assembly.

SENATE BILL No. 406

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 16-18-2-263.9, AS ADDED BY P.L.156-2014, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 263.9. "Overdose intervention drug", for purposes of IC 16-31 **and IC 16-42-26,** means naloxone or any other drug that:

(1) is an opioid, opiate, or morphine antagonist; and

(2) prevents or reverses the effects of:

(A) opioids;

(B) opiates; or

(C) morphine;

including respiratory depression, sedation, and hypotension.

SECTION 2. IC 16-18-2-291.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 291.5. "Prescriber", for purposes of IC 16-42-26, has the meaning set forth in IC 16-42-26-1.**

SECTION 3. IC 16-31-3-23.5, AS ADDED BY P.L.156-2014, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

JULY 1, 2015]: Sec. 23.5. (a) The following may administer an overdose intervention drug to an individual who is suffering from an overdose:

(1) An advanced emergency medical technician.

(2) An emergency medical responder.

(3) An emergency medical technician.

(4) A firefighter or volunteer firefighter.

(5) A law enforcement officer.

(6) A paramedic.

(7) An individual described in IC 16-42-26-2(a)(1) who is a family member, friend, or other individual in a position to assist an individual who, there is reason to believe, is at risk of experiencing an opioid-related overdose, if the individual described in IC 16-42-26-2(a)(1) complies with the requirements of IC 16-42-26.

(b) A health care provider who is licensed in Indiana and whose scope of practice includes the prescribing of medication may write a prescription, drug order, or protocol for an overdose intervention drug for any of the following:

(1) An advanced emergency medical technician.

(2) An emergency medical responder.

(3) An emergency medical technician.

(4) A fire department or volunteer fire department.

(5) A law enforcement agency.

(6) A paramedic.

(c) A pharmacist licensed under IC 25-26 may dispense a valid prescription, drug order, or protocol for an overdose intervention drug issued in the name of any of the following:

(1) An advanced emergency medical technician.

(2) An emergency medical responder.

(3) An emergency medical technician.

(4) A fire department or volunteer fire department.

(5) A law enforcement agency.

(6) A paramedic.

(7) An individual described in IC 16-42-26-2(a)(1).

SECTION 4. IC 16-42-26 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]:

Chapter 26. Drugs: Overdose Intervention Drugs

Sec. 1. As used in this chapter, "prescriber" means any of the following:

(1) A physician licensed under IC 25-22.5.

(2) A physician assistant licensed under IC 25-27.5 and granted the authority to prescribe by the physician assistant's supervisory physician and in accordance with IC 25-27.5-5-4.

(3) An advanced practice nurse licensed and granted the authority to prescribe drugs under IC 25-23.

Sec. 2. (a) A prescriber may prescribe or dispense an overdose intervention drug without examining the individual to whom it may be administered if all of the following conditions are met:

(1) The overdose intervention drug is dispensed or prescribed to:

(A) a person at risk of experiencing an opioid-related overdose; or

(B) a family member, friend, or other individual in a position to assist an individual who, there is reason to believe, is at risk of experiencing an opioid-related overdose.

(2) The prescriber instructs the individual receiving the overdose intervention drug or prescription to summon emergency services either immediately before or immediately after administering the overdose intervention drug to an individual experiencing an opioid-related overdose.

(b) An individual described in subsection (a)(1) may not be considered to be practicing medicine without a license in violation of IC 25-22.5-8-2, if the individual, acting in good faith, does the following:

(1) Obtains the overdose intervention drug from a prescriber.

(2) Administers the overdose intervention drug to an individual who is experiencing an apparent opioid-related overdose.

(3) Attempts to summon emergency services either immediately before or immediately after administering the overdose intervention drug.

(c) A pharmacy licensed under IC 25-26 may dispense a valid prescription for an overdose intervention drug to an individual described in subsection (a)(1). The pharmacy shall report the dispensing of the overdose intervention drug and the information required under IC 35-48-7-8.1 to the INSPECT program.

Sec. 3. (a) A prescriber who dispenses or prescribes an overdose intervention drug in compliance with this chapter is immune from both criminal and civil liability arising from those actions.

(b) A pharmacist who dispenses an overdose intervention drug in compliance with this chapter is immune from both criminal and

civil liability arising from those actions.

(c) An individual described in section 2(a)(1) of this chapter who:

(1) obtains an overdose intervention drug under this chapter; and

(2) administers an overdose intervention drug in good faith;

is immune from both criminal and civil liability arising from those actions.

Sec. 4. After December 31, 2015, each ambulance providing emergency ambulance service and each emergency medical services vehicle must be equipped with an overdose intervention drug.

SECTION 5. IC 34-30-2-84.1 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 84.1. IC 16-42-26-3 (Concerning physicians, pharmacists, and other individuals and the prescribing, dispensing, or administering of an overdose intervention drug).**

SECTION 6. IC 35-48-7-8.1, AS AMENDED BY P.L.131-2014, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 8.1. (a) The board shall provide for a controlled substance prescription monitoring program that includes the following components:

(1) Each time a controlled substance designated by the board under IC 35-48-2-5 through IC 35-48-2-10 is dispensed, the dispenser shall transmit to the INSPECT program the following information:

(A) The controlled substance recipient's name.

(B) The controlled substance recipient's or the recipient representative's identification number or the identification number or phrase designated by the INSPECT program.

(C) The controlled substance recipient's date of birth.

(D) The national drug code number of the controlled substance dispensed.

(E) The date the controlled substance is dispensed.

(F) The quantity of the controlled substance dispensed.

(G) The number of days of supply dispensed.

(H) The dispenser's United States Drug Enforcement Agency registration number.

(I) The prescriber's United States Drug Enforcement Agency registration number.

(J) An indication as to whether the prescription was transmitted to the pharmacist orally or in writing.

(K) Other data required by the board.

(2) The information required to be transmitted under this section must be transmitted as follows:

(A) Before July 1, 2015, not more than seven (7) days after the date on which a controlled substance is dispensed.

(B) Beginning July 1, 2015, and until December 31, 2015, not more than three (3) days after the date on which a controlled substance is dispensed.

(C) Beginning January 1, 2016, and thereafter, not more than twenty-four (24) hours after the date on which a controlled substance is dispensed.

(3) A dispenser shall transmit the information required under this section by:

(A) uploading to the INSPECT web site;

(B) a computer diskette; or

(C) a CD-ROM disk;

that meets specifications prescribed by the board.

(4) The board may require that prescriptions for controlled substances be written on a one (1) part form that cannot be duplicated. However, the board may not apply such a requirement to prescriptions filled at a pharmacy with a Category II permit (as described in IC 25-26-13-17) and operated by a hospital licensed under IC 16-21, or prescriptions ordered for and dispensed to bona fide enrolled patients in facilities licensed under IC 16-28. The board may not require multiple copy prescription forms for any prescriptions written. The board may not require different prescription forms for any individual drug or group of drugs. Prescription forms required under this subdivision must be approved by the Indiana board of pharmacy established by IC 25-26-13-3.

(5) The costs of the program.

(6) Each time naloxone is dispensed, the dispenser shall transmit to the INSPECT program the following information:

(A) The recipient's name.

(B) The recipient's or the recipient representative's identification number or the identification number or phrase designated by the INSPECT program.

(C) The recipient's date of birth.

(D) The date the naloxone is dispensed.

(E) The quantity of naloxone dispensed.

(F) The dispenser's United States Drug Enforcement Agency registration number.

(G) An indication as to whether the prescription was transmitted to the pharmacist orally or in writing.

(H) Other data required by the board.

(b) This subsection applies only to a retail pharmacy. A pharmacist, pharmacy technician, or person authorized by a pharmacist to dispense a controlled substance may not dispense a controlled substance to a person who is not personally known to the pharmacist, pharmacy technician, or person authorized by a pharmacist to dispense a controlled substance unless the person taking possession of the controlled substance provides documented proof of the person's identification to the pharmacist, pharmacy technician, or person authorized by a pharmacist to dispense a controlled substance.

SECTION 7. IC 35-48-7-10.1, AS AMENDED BY P.L.84-2010, SECTION 98, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 10.1. (a) The INSPECT program must do the following:

(1) Create a data base for information required to be transmitted under section 8.1 of this chapter in the form required under rules adopted by the board, including search capability for the following:

(A) A ~~controlled substance~~ recipient's name.

(B) A ~~controlled substance~~ recipient's or recipient representative's identification number.

(C) A ~~controlled substance~~ recipient's date of birth.

(D) The national drug code number of a controlled substance dispensed.

(E) The dates a controlled substance **or naloxone** is dispensed.

(F) The quantities of a controlled substance **or naloxone** dispensed.

(G) The number of days of supply dispensed.

(H) A dispenser's United States Drug Enforcement Agency registration number.

(I) A prescriber's United States Drug Enforcement Agency registration number.

(J) Whether a prescription was transmitted to the pharmacist orally or in writing.

(K) A controlled substance recipient's method of payment for the controlled substance **or naloxone** dispensed.

(2) Provide the board with continuing twenty-four (24) hour a day online access to the data base.

(3) Secure the information collected and the data base maintained against access by unauthorized persons.

(b) The board may execute a contract with a vendor designated by the board to perform any function associated with the administration of the INSPECT program.

(c) The INSPECT program may gather prescription data from the Medicaid retrospective drug utilization review (DUR) program established under IC 12-15-35.

(d) The board may accept and designate grants, public and private financial assistance, and licensure fees to provide funding for the INSPECT program.

COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 406, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 3, line 10, after "to" insert "**:**

(A) a person at risk of experiencing an opioid-related overdose; or

(B)".

Page 3, delete lines 18 through 22.

Page 3, line 36, after "." insert "**The pharmacy shall report the dispensing of the overdose intervention drug and the information required under IC 35-48-7-8.1 to the INSPECT program.**".

Page 3, line 40, after "(b)" insert "**A pharmacist who dispenses an overdose intervention drug in compliance with this chapter is immune from both criminal and civil liability arising from those actions.**

(c)".

Page 4, line 8, after "physicians" insert "**, pharmacists,**".

Page 4, line 8, after "prescribing" insert "**, dispensing,**".

and when so amended that said bill do pass.

(Reference is to SB 406 as introduced.)

MILLER PATRICIA, Chairperson

Committee Vote: Yeas 11, Nays 0.

SENATE MOTION

Madam President: I move that Senate Bill 406 be amended to read as follows:

Page 3, line 22, delete "of this chapter".

Page 4, after line 13, begin a new paragraph and insert:

"SECTION 6. IC 35-48-7-8.1, AS AMENDED BY P.L.131-2014, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 8.1. (a) The board shall provide for a controlled substance prescription monitoring program that includes the following components:

(1) Each time a controlled substance designated by the board

under IC 35-48-2-5 through IC 35-48-2-10 is dispensed, the dispenser shall transmit to the INSPECT program the following information:

(A) The controlled substance recipient's name.

(B) The controlled substance recipient's or the recipient representative's identification number or the identification number or phrase designated by the INSPECT program.

(C) The controlled substance recipient's date of birth.

(D) The national drug code number of the controlled substance dispensed.

(E) The date the controlled substance is dispensed.

(F) The quantity of the controlled substance dispensed.

(G) The number of days of supply dispensed.

(H) The dispenser's United States Drug Enforcement Agency registration number.

(I) The prescriber's United States Drug Enforcement Agency registration number.

(J) An indication as to whether the prescription was transmitted to the pharmacist orally or in writing.

(K) Other data required by the board.

(2) The information required to be transmitted under this section must be transmitted as follows:

(A) Before July 1, 2015, not more than seven (7) days after the date on which a controlled substance is dispensed.

(B) Beginning July 1, 2015, and until December 31, 2015, not more than three (3) days after the date on which a controlled substance is dispensed.

(C) Beginning January 1, 2016, and thereafter, not more than twenty-four (24) hours after the date on which a controlled substance is dispensed.

(3) A dispenser shall transmit the information required under this section by:

(A) uploading to the INSPECT web site;

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that meets specifications prescribed by the board.

(4) The board may require that prescriptions for controlled substances be written on a one (1) part form that cannot be duplicated. However, the board may not apply such a requirement to prescriptions filled at a pharmacy with a Category II permit (as described in IC 25-26-13-17) and operated by a hospital licensed under IC 16-21, or prescriptions ordered for and dispensed to

bona fide enrolled patients in facilities licensed under IC 16-28. The board may not require multiple copy prescription forms for any prescriptions written. The board may not require different prescription forms for any individual drug or group of drugs. Prescription forms required under this subdivision must be approved by the Indiana board of pharmacy established by IC 25-26-13-3.

(5) The costs of the program.

(6) Each time naloxone is dispensed, the dispenser shall transmit to the INSPECT program the following information:

(A) The recipient's name.

(B) The recipient's or the recipient representative's identification number or the identification number or phrase designated by the INSPECT program.

(C) The recipient's date of birth.

(D) The date the naloxone is dispensed.

(E) The quantity of naloxone dispensed.

(F) The dispenser's United States Drug Enforcement Agency registration number.

(G) An indication as to whether the prescription was transmitted to the pharmacist orally or in writing.

(H) Other data required by the board.

(b) This subsection applies only to a retail pharmacy. A pharmacist, pharmacy technician, or person authorized by a pharmacist to dispense a controlled substance may not dispense a controlled substance to a person who is not personally known to the pharmacist, pharmacy technician, or person authorized by a pharmacist to dispense a controlled substance unless the person taking possession of the controlled substance provides documented proof of the person's identification to the pharmacist, pharmacy technician, or person authorized by a pharmacist to dispense a controlled substance.

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(1) Create a data base for information required to be transmitted under section 8.1 of this chapter in the form required under rules adopted by the board, including search capability for the following:

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(D) The national drug code number of a controlled substance dispensed.

(E) The dates a controlled substance **or naloxone** is dispensed.

(F) The quantities of a controlled substance **or naloxone** dispensed.

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(J) Whether a prescription was transmitted to the pharmacist orally or in writing.

(K) A controlled substance recipient's method of payment for the controlled substance **or naloxone** dispensed.

(2) Provide the board with continuing twenty-four (24) hour a day online access to the data base.

(3) Secure the information collected and the data base maintained against access by unauthorized persons.

(b) The board may execute a contract with a vendor designated by the board to perform any function associated with the administration of the INSPECT program.

(c) The INSPECT program may gather prescription data from the Medicaid retrospective drug utilization review (DUR) program established under IC 12-15-35.

(d) The board may accept and designate grants, public and private financial assistance, and licensure fees to provide funding for the INSPECT program.".

Renumber all SECTIONS consecutively.

(Reference is to SB 406 as printed February 6, 2015.)

MERRITT

SENATE MOTION

Madam President: I move that Senate Bill 406 be amended to read as follows:

Page 4, between lines 8 and 9, begin a new paragraph and insert:

"**Sec. 4. After December 31, 2015, each ambulance providing emergency ambulance service and each emergency medical services vehicle must be equipped with an overdose intervention drug.**".

(Reference is to SB 406 as printed February 6, 2015.)

MRVAN